  
**TRANSCRIPT REQUEST FORM**

***To request a FREE official St. John’s University transcript with your College Advantage Course(s), please complete and mail this form to either address:***

**St. John’s University St. John’s University**

Office of the Registrar Office of the Registrar

8000 Utopia Parkway 300 Howard Avenue

Queens, NY 11439 Staten Island, NY 10301

**PLEASE PRINT ALL INFORMATION (Forms that cannot be read will not be processed)**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAST** Name **FIRST** Name

1. Student Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Home or mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check here if you would like a FREE copy of your transcript sent to your home or mailing address you provide above

1. High School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. When course(s) taken (check all that apply)
   1. Junior year of HS Fall \_\_\_\_\_\_\_year Spring \_\_\_\_\_\_\_year
   2. Senior year of HS Fall \_\_\_\_\_\_\_year Spring \_\_\_\_\_\_\_year
3. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND/OR Last 4 digits of your SS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Courses taken in the CA program

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1. The name and address of college/university you want your transcript sent

(Include contact name, bldg name and or room number, if applicable)

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Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(THIS REQUEST CANNOT BE PROCESSED WITHOUT **YOUR** SIGNATURE)